

Division of Health Care Finance and Policy

Fiscal Year 1993

**Inpatient Hospital
Discharge Database
Documentation Manual**

Division of Health Care Finance and Policy
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General Documentation
FY1993 Inpatient Hospital Discharge Database

ACKNOWLEDGMENTS

The Massachusetts Rate Setting Commission is releasing this merged case mix and charge database three full months earlier than in previous years. We take this opportunity to thank the hospitals who fully cooperated with the Commission to achieve this goal. The hospitals' efforts are an essential part of the Commission's undertaking to deliver timely and accurate information and thus serve the needs of the health care industry.

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MEMO

TO: All Hospital Bureau Staff
FROM: Lorraine Salois
SUBJECT: 1993 FIPA Data Base Documentation
DATE: May 12, 1994

The 1993 FIPA data base project has been completed. A copy of the "1993" General Documentation: Fiscal Year 1993 Merged Case Mix and Charge Data" is at the main desk for anyone who is interested. Here is a brief outline of the contents:

- Part 1: Background Information on data base development and DRG methodology
- Part 2: Data information on quality standards and definitions
- Part 3: Hospitals' responses to the Verification report process
- Attachments: Verification Report Information
Hospital Profile (DPH number, hospital name, fiscal year), and a
Summary of mergers, name changes, and closures
- Addendum: Preview of the 1994 data base changes.

Every year, RSC's Hospital Bureau and Bureau of Systems Development produces the public "FIPA Data Base." ("FIPA" is an acronym for "Fair Information Practices Act.") The quarterly hospital case mix data is processed, reviewed, and consolidated into a statewide database known as the FIPA data base. It serves as a major source of information about the health of the residents of the Commonwealth of Massachusetts, containing over 900,000 acute hospital discharges.

The database has always been used by the staff here at RSC for policy and report purposes. It is currently used by external sources such as the Department of Public Health, Massachusetts Health Data Consortium, Medicaid, researchers, public policy groups and others. The value of this database continues to grow with the many changes in health reform.

This year, RSC released the FIPA database in April, thus achieving a significant goal. In prior years, RSC didn't release the database until July or August! This accomplishment is due to many factors:

- The Hospital Bureau's increased communications with hospitals, frequent (but very short-and-to-the-point) status meetings, and weekly status reports;
- The results of the TQM project team established almost two years ago;
- A very clearly stated objective;
- Unwavering commitment on the part of the team;
- Management of conflicting priorities which reduced schedule slippage; and
- The assignment of a permanent in-house programmer to the database maintenance and production therefore providing instant problem solving and continuity.

Please feel free to stop by with your comments, questions and/or suggestions; they're always welcome.

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Documentation Overview

The General Documentation of the fiscal year 1993 merged case mix and charge data is designed to provide researchers with an understanding of the data quality issues connected with the data elements they may decide to examine and hospital-reported discrepancies in response to the data verification report process. A preview of changes to the fiscal year 1994 data elements is also provided in the Addendum.

The Rate Setting Commission welcomes your comments and suggestions for improvement to this database. Please contact Judy Parlato with your comments and/or recommendations.

The General Documentation consists of five parts.

Part 1 – BACKGROUND INFORMATION: provides information on the DRG methodology used, the Massachusetts Rate Setting Commission's (MRSC) internal tape process improvements.

Part 2 – DATA: describes the basic data quality standards as contained in 114.1 CMR 17.00 Requirement for the Submission of Case Mix and Charge Data (referred to as the 17.00 Regulation); general data definitions, general data caveats, and specific data elements.

The case mix data plays a vital and growing role in health care research and analysis. To ensure the accuracy of the database, the Massachusetts Rate Setting Commission (MRSC) required hospitals to use Response Sheet A (see Attachment I) to certify the correctness of their data as it appeared on the verification report, or to certify that the hospital found discrepancies in the data. If a hospital finds data discrepancies, then the MRSC requires the hospital to submit written corrections that provide an accurate profile of the hospital's fiscal year 1993 discharges.

Part 3 - HOSPITAL RESPONSES: focuses on hospitals' responses to the verification reports. This section contains the following lists and charts.

1. Summary of Hospitals' Verification Report Responses
2. Summary of Reported Discrepancies by Category of Reported Data Errors.
A list of Error Categories and a matrix of each data category and each hospital which reported discrepancies for the specific category is provided. If the user wishes to review specific corrections reported by a given hospital, he/she should refer to that hospital's comments in Part 3.
3. Hospital Specific Data Discrepancies and Correction Responses
A Hospital Index is provided.

Part 4 - UNACCEPTABLE DATA FILE: lists hospitals who have not submitted all four quarters of acceptable data.

NOTE: In Fiscal year 1993, only three hospitals did not meet the requirement of the 17.00 Regulation for all four quarters. Please see Part 4 – Unacceptable Data File.

Part 5 – ATTACHMENTS: Provides Attachments I through V.

Part 5 – ADDENDUM – 1994 DATABASE CHANGES: outlines changes currently in progress for the 1994 and subsequent years' databases.

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PART 1 – BACKGROUND INFORMATION

1. Development of the 1993 Database
2. DRG Methodology

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Part 1 – Background Information

1. Development of the 1993 Database

The Massachusetts Rate Setting Commission concentrated its efforts this year to improve the quality of processing case mix data. A Total Quality Management approach provided a comprehensive process review and analysis. The ultimate results were changes such as: accelerating RSC's own internal data processing operations; producing an Interim Case Mix Verification Report for hospitals; and providing hospitals with an earlier Fiscal Year 1993 Year End Case Mix Verification Report, and an earlier available case mix data base ready for public use. Continuing efforts for ongoing improvements of the quality of the case mix data include the Commission's outreach to hospitals and additional assistance to hospitals with submitting accurate and timely case mix data. As a result, the Commission is now better able to meet its goal of providing higher quality data to hospitals, researchers, and the public; to meet the public's need for more timely data through an earlier release of the year-end FIPA (Fair Information Practices Act) database; and to release this year's 1993 FIPA database 3 months earlier than in past years.

The Commission recognizes that this earlier database release would not and could not have happened without the cooperation of hospitals. Their role and efforts are an essential part of the Commission's undertaking to deliver timely and accurate information and thus serve the needs of the health care industry.

During this year, the Commission also amended the regulations governing the data specifications of the quarterly case mix tapes beginning in Fiscal Year 1994. Please refer to the addendum "Data Base Additions and Changes Beginning in 1994".

2. DRG METHODOLOGY – All-Patient Grouper Version 8.1

RESEARCHERS PLEASE NOTE: The New Jersey Version II Grouper was used to classify discharges into Diagnostic Related Groups (DRGs) prior to October 1991.

Beginning in October 1991, the MRSC began using the All-Patient Grouper Version 8.1 (mainframe) to classify all patient discharges. This change in grouping methodology was made because the All-Patient DRG better represents the general population and provides improvements in areas such as newborns and the HIV population.

The Version 8.1 All Patient-DRG methodology is not totally congruent with the ICD-9-CM procedure and diagnosis codes in effect for this fiscal year 1993. Therefore, it was necessary to convert some ICD-9-CM codes to those acceptable to the AP-DRG 8.1 grouper. The MRSC mapped the applicable ICD-9-CM codes into a clinically representative code using the historical mapper utility provided by 3M Health Information Systems. This conversion is done internally for the purpose of DRG assignment and for reimbursement, and in no way alters the original ICD-9-CM codes that appear on the database. These codes remain on the database as they were reported by the hospital.

The collection of birth weight is not mandated under the regulation in effect for fiscal year 1993. The DRG grouper was set to Option 5, which determines the newborn DRG by inferring the birth weight from the ICD-9-CM code.

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Part 1 – Background Information - Continued

DRGs and the Verification Report Process

The hospitals' profile of discharges, grouped by AP-DRG 8.1, is part of the verification report and it is this grouper profile on which the hospitals commented. The Commission urged hospitals to use the All-Patient-DRG Grouper with same system specifications as used by the MRSC.

Reimbursement Use of DRGs

Under Chapter 23 of the Acts of 1988, MRSC utilized hospital Case Mix Adjusted Discharges in the calculation of an acute hospital's reimbursement. In the Fall of 1991, the Massachusetts Legislature enacted an acute care hospital financing law, Chapter 495 of the Acts of 1991, which establishes a competitive, market-based system for health care, thus changing from a regulated reimbursement system (Chapter 23) to a system promoting market competition among hospitals (Chapter 495). Its goal is to control health care costs through a simpler, less regulated reimbursement system, and allow the marketplace to play a significant and much larger role in the allocation of resources. Under Chapter 495, the MRSC calculates DRG Price Caps which are used to calculate each acute hospitals' Maximum Gross Inpatient Service Revenue Limitation. This Revenue Limitation represents an aggregate ceiling on charges for all patients. Any one individual in the insured group may be charged at a level below or above the price cap for that individual's DRG but, in the aggregate, charges for all patients may not exceed the Revenue Limitation. For non-insured, non-contracting patients, individual charges for the patient may not exceed the price cap that is specific to that individual's DRG.

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PART 2 - DATA

1. Data Quality Standards
2. General Data Definitions
3. General Data Caveats
4. Specific Data Elements

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1. Data Quality Standards

Hospitals currently submit the merged case mix and charge data 120 days after the end of each quarter. The data is then edited using the modified Integrated Data Demonstration (IDD) software developed under the IDD Pilot Project funded by a federal grant. Required data elements and corresponding edits are specified in 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data.

The quarterly data is edited for compliance using a one percent error rate specified in 114.1 CMR 17.00. The one percent error rate was based on the presence of Type A and Type B errors as follows:

- Type A: One error per discharge caused rejection of the discharge.
- Type B: Two errors per discharge caused rejection of the discharge.

If more than one percent of the discharges are rejected, then the entire tape submission is rejected by the MRSC. These edits primarily check for valid codes, correct formatting, and presence of required data elements. Please see Attachment II for a listing of data elements categorized by error type.

Each hospital receives a quarterly error report displaying invalid discharge information. Quarterly data which does not meet the one percent compliance standard must be resubmitted by the individual hospital until such a standard is met. All but three hospitals met this one percent error rate standard for all four quarters of fiscal year 1993.

Verification Report Process

The yearly case mix and charge data verification project is intended to present hospitals with a profile of their individual data as retained by the Commission. The purpose of this project is to function as a quality control measure for hospitals to review the data they have provided to the MRSC. The Verification Report itself is a series of frequency reports covering selected data elements including the number of days, number of discharges, amount of charges by accommodation and ancillary center, and listing of Diagnostic Related Groups (DRGs). Please refer to Attachment III for a description of the Verification Report contents.

This year the Commission made two changes to this project: MRSC added an Interim Verification Report, and MRSC delivered the year-end report earlier. The Commission provides these two reports in a timely manner in order to allow hospitals ample time to review and comment on their data.

Interim Verification Report – Prior to fiscal year 1993, hospitals waited for a full year's data before error detection could begin. MRSC now generates an Interim Verification Report and sends it to the hospital as soon as the hospital's first two quarters of data have passed the required edits. This report is for informational purposes only. The hospital is not required to respond to the report, but it does give the hospital opportunity to correct any problems mid-year.

Year-End Verification Report – This year, the MRSC modified the system's programs from a batch report production to a single report production of verification reports. The Year-End Verification Report is now generated as soon as an individual meets the compliance standard for all four quarters of their data. Hospitals are asked to certify their data and to submit any written caveats to accompany the copies of data released to qualified researchers.

Please note: The hospital specific responses are provided in Part 3 – Hospital Responses.

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2. General Data Definitions

Before turning to an examination of specific data elements, several basic data definitions (as contained in 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data) and general data caveats should be noted.

Case Mix Data:

Case specific, discharge data which includes both clinical data, such as medical reason for admission, treatment, and services provided to the patient, and duration and status of the patient's stay in the hospital; and socio-demographic data, such as expected payor, sex, race, and patient zip code.

Charge Data

The full, undiscounted total and service specific charges billed by the hospital to the general public.

Ancillary Services

The service and their definitions as specified in the Commonwealth of Massachusetts Hospital Uniform Reporting Manual (HURM). [And as specified by the reporting codes and mapping scheme as listed in 114.1 CMR 17.06 (2) (c)]

Routine Services

The services and their definitions as specified in HURM s.3241, promulgated under 114.1 CMR 4.00. Reporting codes are defined in 114.1 CMR 17.06(2)(a).

Special Care Units

The units which provide patient care of a more intensive nature than provided to the usual medical, obstetric, or pediatric patient. These units are staffed with specially trained nursing personnel and contain monitoring and specialized support equipment for patients who require intense, comprehensive care. Special care units shall include, but not be limited to, those units specified in 114.1 CMR 17.06(2)(b).

Leave of Absence

The count in days of a patient's absence with physician approval during a hospital stay without formal discharge and readmission to the facility.

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3. General Data Caveats

The following general caveats stem from information gathered through conversations with members of the Rate Setting Commission Case Mix Data Advisory Group (CMDAG), staff at the Massachusetts Hospital Association, staff at the Massachusetts Health Data Consortium (MHDC), and the numerous and various admitting, medical record, financial, administrative, and data processing personnel who call to comment upon and question the Commission's procedural requirements during the process.

Information is not entirely consistent from hospital to hospital due to inherent differences in:

- collection and verification of patient supplied information before or at admission;
- medical record coding, consistency, and completeness;
- extent of hospital data processing capabilities;
- flexibility of hospital data processing systems;
- commitment to quality; "representative" merged case mix and charge data;
- capacity of financial processing system to record and/or reflect "late" charges on the Rate Setting Commission Tape;
- non-comparability of data collection and reporting of new categories such as Observation patients.

In general terms, the case mix data, is derived from patient discharge summaries which can be traced to information gathered upon admission regarding expected payor status or from information entered by admitting and attending physicians into the medical record. The quality of case mix data is dependent upon hospital data collection policies and coding experience of the medical staff, as well as sophistication of the DRG maximizing software employed by the hospital.

Issues to consider with the charge data: A few hospitals do not have the capacity to add late charges to the Rate Setting Commission tape within the 120-day limit. In many hospitals "days billed" or "accommodation charges" do not equal the length of stay or the days that the patient spent in the hospital. Many hospitals have mentioned that their charges are a reflection of their pricing strategy and are not a reflection of resources spent in patient care delivery.

Commission staff have attempted to respond to these various inconsistencies and issues brought to the Commission's attention through the establishment of the Case Mix Data Advisory Group and through the adopted changes to the Case Mix Regulation, to be implemented in fiscal year 1994.

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4. Specific Data Elements

The purpose of the following section is to provide the user with explanations of some data elements included in the 17.00 Regulation and to give a sense of their reliability.

MDPH Hospital Computer Number

The Massachusetts Department of Public Health four digit number. (See Attachment IV.)

Patient Race

In the third and fourth quarters of fiscal year 1984, race codes were expanded to include Asian, Hispanic, and American Indian. Due to misconceptions regarding the collection of race information, the Rate Setting Commission has worked toward correcting the problem. A statement from the Massachusetts Commission Against Discrimination was sent to all hospital administrators. This statement explained that asking for race information was voluntary and not a form of discrimination.

How accurate the reporting of this data element is for a given hospital is difficult to ascertain; therefore the user should be aware that the distribution of patients for this data element may not represent an accurate grouping of a given hospital's population.

Leave of Absence (LOA) Days

The hospitals are required to report these days to the Commission if they are used. At present, there is no way for the Commission to verify the use of these days if they are not reported. Therefore, the user should be aware that the completeness of this category relies solely on the accuracy of a given hospital's reporting practices.

PART 3 - HOSPITAL RESPONSES

1. Summary of Hospitals' Verification Report Responses
2. Summary of Reported Discrepancies by Category of Reported Data Errors (including a list of error categories)
3. Hospital Specific Data Discrepancies and Correction Responses (including Hospital index)

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Summary of Hospitals' Verification Report Responses

ID	Hospital	A	B	None
2202	Adcare Hospital			X
2016	Addison Gilbert	X		
2078	Amesbury Health Ctr.	No data submitted; closed May 1993		
2006	Anna Jaques	X		
2226	Athol Memorial		X	
2073	Atlanticare	X		
2339	Baystate	X		
2313	Berkshire	X		
2069	Beth Israel	X		
2007	Beverly	X		
2307	Boston City	X		
2084	Boston University	X		
2921	Brigham & Women's	X		
2118	Brockton	X		
2108	Cambridge	X		
2135	Cape Cod			X
2003	Carney		X	
2034 2127	Central N.E., Burbank & Leominster Hospitals	X X		
2337	Charlton Memorial	X		
2139	Children's	X		
2126	Clinton			X
2155	Cooley Dickinson	X		
2335	Dana Farber		X	
2018	Emerson		X	
2052	Fairview	X		
2289	Falmouth		X	
2048	Faulkner		X	
2120	Franklin Medical	X		
2054	Glover Memorial	X		
2311 2101	Good Samaritan Cushing & Goddard Campus	X X		
2091	Hahnemann of Boston	X		
2131	Hale Hospital		X	
2143	Harrington Memorial		X	
2119	Heritage		X	
2036	Heywood	X		
2231	Hillcrest	X		
2225	Holy Family		X	
2145	Holyoke	X		
2157	Hubbard Regional	Q's 1 & 2 only		

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Summary of Hospital Responses - Continued

DPH #	Hospital	A	B	None
2082	Jordan		X	
2033	Lahey Clinic		X	
2099	Lawrence General	X		
2038	Lawrence Memorial	X		
2040	Lowell General	X		
2160	Ludlow Hospital		X	
2041	Malden	X		
2103	Marlborough		X	
2042	Martha's Vineyard	X		
2148	Mary Lane		X	
2167	Mass. Eye & Ear		X	
2168	Mass. General		X	
2077	Med. Ctr. Central Mass.	X		
2058	Melrose-Wakefield	X		
2149	Mercy			X
2020	MetroWest Medical Ctr.	X		
2105	Milford-Whitinsville		X	
2227	Milton		X	
2022	Morton	X		
2071	Mt. Auburn	X		
2044	Nantucket Cottage	X		
2298	Nashoba Community	X		
2114	Neponset Valley Health – Norwood / Southwood Hospital	X		
2856		X		
2059	N. E. Baptist	X		
2092	N. E. Deaconess		X	
2299	N.E. Medical Center		X	
2060	N. E. Memorial	X		
2075	Newton-Wellesley	X		
2076	Noble		X	
2061	North Adams Regional	X		
2150	Providence		X	
2151	Quincy		X	
2029	Saints Memorial Med. Ctr. St. John's / St. Joseph's			X
2063				X
2014	Salem Hospital		X	
2001	Somerville Hospital			X
2107	South Shore Hospital	X		
2011	St. Anne's		X	
2085	St. Elizabeth's	X		

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Summary of Hospital Responses - Continued

DPH #	Hospital	A	B	None
2010	St. Luke's of N.B.	X		
2065	St. Margaret's	Closed 4/1/93: Submitted Q's 1 & 2		
2100	Sturdy Memorial	X		
2089	Symmes	X		
2128	The Saint Vincent	X		
2106	Tobey		X	
2171	Transitional Hospitals Corp. J.B. Thomas	X		
2841	UMass. Med. Center		X	
2067	Waltham/Weston	X		
2046	Whidden Memorial	X		
2094	Winchester		X	
2181	Wing Memorial	X		
2013	Winthrop	X		

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2. Summary of Reported Discrepancies by Category of Reported Data Errors

LIST OF ERROR CATEGORIES

- Total Days
- Total Number of Discharges
- Type of Admission
- Source of Admission
- Month of Discharge
- Age
- Sex
- Race
- Payor
- Disposition Status
- Length of Stay
- Leave of Absence Patients
- Leave of Absence Days
- Number of Diagnosis Codes Used per Patient
- Number of Procedure Codes Used per Patient
- Accommodation Charge Information
- Routine Days
- Special Care Days
- Ancillary Charge Information
- Discharges by DRG
- Discharges by MDC

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2. Summary of Reported Discrepancies By Category of Reported Data Error

Hospital	Total Days	Total # Discharges	Admit Type	Admit Source	Month of Discharge	Age	Sex	Race	Payor	Disposition	Length of Stay
Athol Memorial									X		
Carney Hospital				X							
Dana Farber		X									
Emerson Hospital											
Falmouth Hospital											
Faulkner Hospital						X		X	X		X
Hale Hospital						X					
Harrington Memorial								X			X
Heritage Hospital			X								
Holy Family									X		
Jordan Hospital											
Lahey Clinic Hospital		X	X	X	X	X	X	X	X	X	X
Ludlow Hospital											

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2. Summary of Reported Discrepancies By Category of Reported Data Error

Hospital	Total Days	Total # Discharges	Admit Type	Admit Source	Month of Discharge	Age	Sex	Race	Payor	Disposition	Length of Stay
Marlborough						X			X		
Mary Lane											
Mass. Eye & Ear		X									
Mass. General											
Milford-Whitinsville											
Milton Medical Center						X					
New England Deaconess											
New England Med. Ctr.		X		X		X				X	
Noble Hospital	X								X		
Providence Hospital						X					
Quincy Hospital											
Salem Hospital	X	X	X	X	X	X	X	X	X	X	X
St. Anne's Hospital											
Tobey Hospital						X					
Winchester Hospital											
UMass. Med. Ctr.											

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2. Summary of Reported Discrepancies By Category of Reported Data Error

Hospital	LOA Patients	LOA Days	Number Diagnosis Codes	Number Procedure Codes	Accomm. Charges	Routine Days	Special Care Days	Ancill. Charges	Discharges by DRG	Discharges by MDC
Athol Memorial										
Carney Hospital										
Dana Farber										
Emerson Hospital		X								
Falmouth Hospital					X	X				
Faulkner Hospital			X						X	
Hale Hospital										
Harrington Memorial									X	
Heritage Hospital										
Holy Family	X				X	X	X	X	X	X
Jordan Hospital					X	X				
Lahey Clinic Hospital			X	X					X	
Ludlow Hospital								X		

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2. Summary of Reported Discrepancies By Category of Reported Data Error

Hospital	LOA Patients	LOA Days	Number Diagnosis Codes	Number Procedure Codes	Accomm. Charges	Routine Days	Special Care Days	Ancill. Charges	Discharges by DRG	Discharges by MDC
Marlborough					X	X		X		
Mary Lane					X	X	X			
Mass. Eye & Ear										
Mass. General									X	
Milford-Whitinsville					X	X				
Milton Medical Center										
New England Deaconess									X	
New England Med. Ctr.										
Noble Hospital					X			X	X	
Providence Hospital										
Quincy Hospital									X	X
Salem Hospital										
St. Anne's Hospital					X	X	X			
Tobey Hospital										
Winchester Hospital					X	X	X			
UMass. Med. Ctr.					X	X				

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2. Summary of Reported Discrepancies By Category of Reported Data Error

Hospital Index

Hospital Name	Page Number
Athol Memorial	20
Carney Hospital	21
Dana Farber	22
Emerson Hospital	23
Falmouth Hospital	24
Faulkner Hospital	25
Hale Hospital	28
Harrington Memorial	29
Heritage Hospital	30
Holy Family	31
Jordan Hospital	32
Lahey Clinic Hospital	33
Ludlow Hospital	34
Marlborough	35
Mary Lane	36
Mass. Eye & Ear	37
Mass. General	38
Milford-Whitinsville	39
Milton Medical Center	40
New England Deaconess	41
New England Med. Ctr.	43
Noble Hospital	44
Providence Hospital	46
Quincy Hospital	47
Salem Hospital	49
St. Anne's Hospital	51
Tobey Hospital	52
UMass. Med. Ctr.	53
Winchester Hospital	54

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Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

Athol Memorial Hospital reported discrepancies in the area of Payor. The hospital has provided the following corrections to its FY1993 verification report.

ATHOL MEMORIAL HOSPITAL		
Category	MRSC	Hospital
Payor		
Medicare	1,270	1,268
Medicaid	255	257

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Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

Carney Hospital reported discrepancies in the area of Source of Admission. The hospital has provided the following corrections to its FY1993 verification report.

CARNEY HOSPITAL		
Category	MRSC	Hospital
Source of Admission		
Physician Referral	6,246	3,850
Clinic Referral	387	462
HMO Referral	1,786	659
Acute Hospital Transfer	106	314
SNF Transfer	976	869
ICF Transfer	27	387
Emergency	2,090	5,076
Court/Law	2	3

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Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

Dana Farber Cancer Institute reported a discrepancy in the area of # Discharges. The hospital provided a letter of explanation indicating that although it had found a slight discrepancy in the number of discharges, the discrepancy appeared to be insignificant. Therefore, the hospital wrote that the data was accurate and complete as submitted.

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Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

Emerson Hospital reported discrepancies in the area of LOA Days resulting from a computer systems issue. The hospital provided the following corrections to its FY1993 verification report.

EMERSON HOSPITAL		
Category	MRSC	Hospital
LOA Days	159	333

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Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

Falmouth Hospital reported discrepancies in the areas of Accommodation Charges and Routine Days. The hospital has provided the following corrections to its FY1993 verification report.

FALMOUTH HOSPITAL		
Category	MRSC	Hospital
Accommodation Information		
Pediatrics		
Days	1,974	736
Charges	471,653	245,088
Newborns		
Days	0	1,238
Charges	0	228,230

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Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

Faulkner Hospital reported discrepancies in the areas of Age, Race, Payor, Length of Stay, # Diagnosis Codes per Patient, and DRGs. The hospital has provided the following corrections to its FY1993 verification report.

FAULKNER HOSPITAL		
Category	MRSC	Hospital
Age		
21-24 Years	1,786	1,789
75-84	1,438	1,435
Race		
White	6,245	6,246
Unknown	129	128
Payor		
Self Pay	321	320
Medicare	3,632	3,633
Medicaid	393	394
Blue Cross	569	568
Length of Stay		
8 Days	335	334
9 Days	239	240
10 Days	207	206
>20 Days	360	361
Number of Diagnosis Codes per Patient		
5 Diagnosis Codes	738	737
6 Diagnosis Codes	692	693
Discharges per DRG		
DRG 78	9	8
79	122	121
82	31	29
88	161	160
96	63	62
97	29	30
116	26	25
124	57	53
148	74	72
170	3	2
174	59	58
182	108	107

General Documentation
FY1993 Inpatient Hospital Discharge Database

FAULKNER HOSPITAL		
Category	MRSC	Hospital
Discharges per DRG		
DRG 188	32	31
193	3	2
195	7	8
197	64	62
198	53	55
203	9	7
207	14	13
208	3	4
209	77	76
269	5	6
287	3	2
303	7	6
310	14	13
316	10	7
320	88	87
336	34	35
341	6	7
398	12	11
403	16	15
416	18	17
418	13	12
452	8	7
540	64	65
541	60	64
543	16	20
548	4	5
551	31	32
552	51	53
557	49	51
558	26	27
564	24	23
565	2	3
567	7	9
569	41	42
571	9	7
574	9	10
578	1	2
580	9	10
582	13	14
584	44	45
585	31	33

General Documentation
FY1993 Inpatient Hospital Discharge Database

FAULKNER HOSPITAL		
Category	MRSC	Hospital
Discharges per DRG		
707	5	6
708	15	14

General Documentation
FY1993 Inpatient Hospital Discharge Database

Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

Hale Hospital reported discrepancies in the area of Age. Although the hospital was asked to provide the Massachusetts Rate Setting Commission more specific details, none were forthcoming.

General Documentation
FY1993 Inpatient Hospital Discharge Database

Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

Harrington Memorial Hospital reported discrepancies in the areas of Race, Length of Stay, and DRGs. The hospital has provided the following corrections to its FY1993 verification report.

HARRINGTON MEMORIAL HOSPITAL		
Category	MRSC	Hospital
Race		
Unknown	17	15
Hispanic	426	428
Length of Stay		
4 Days	429	428
5 Days	320	319
7 Days	211	210
8 Days	164	165
9 Days	135	136
>= 20 Days	190	191
Discharges per DRG		
96	41	40
97	38	39
116	11	12
127	92	93
174	34	33
175	21	22
210	13	12
211	5	6
250	1	2
278	20	21
283	2	1
284	2	3
296	73	72
297	31	32
370	20	21
371	87	86
428	13	12
475	11	12
483	1	0
541	42	43
544	14	13
548	2	1
560	3	2
563	6	5
733	1	0
751	6	7

General Documentation
FY1993 Inpatient Hospital Discharge Database

Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

Heritage Hospital reported discrepancies in the area of Type of Admission. The hospital has provided the following corrections to its FY1993 verification report.

HERITAGE HOSPITAL		
Category	MRSC	Hospital
Type of Admission		
Urgent	3,527	3,532
Newborn	5	0

General Documentation
FY1993 Inpatient Hospital Discharge Database

Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

Holy Family Hospital reported discrepancies in the areas of Type of Admission, Payor, LOA Patients, Accommodation Charges, Routine Days, Special Care Days, Ancillary Charges, DRGs and MDCs. The hospital stated that some data had changed since the original submission to the Rate Setting Commission. As hospital staff members obtained more accurate information about patients, they updated the data. Overall, however, the hospital did not consider that the changes significantly affected the accuracy or quality of either the case mix or financial data. The hospital has provided the following corrections to its FY1993 verification report.

HOLY FAMILY HOSPITAL		
Category	MRSC	Hospital
Payor		
Self Pay	510	536
Blue Cross	1,014	1,013
Medicaid	1,621	1,627
LOA Patients	2	3
Accommodation Charges	23,630,525	23,653,525
Routine Days	58,590	58,600
Special Care Days	5,620	5,670
Ancillary Charges	35,062,827	35,062,837

DRGs: Hospital reported discrepancies reported in 22 of the 785 DRGs, but did not provide a detailed breakdown. Twenty-one of the twenty-two DRGs had discrepancies of +/- 1. The DRG changes caused corresponding minor changes in the MDC mix for Holy Family Hospital.

General Documentation
FY1993 Inpatient Hospital Discharge Database

Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

Jordan Hospital reported discrepancies in the area of Routine Days. The hospital has provided the following corrections to its FY1993 verification report.

JORDAN HOSPITAL		
Category	MRSC	Hospital
Accommodation Information		
Medical/Surgical		
Days	48,177	32,884
Charge per Day	273	400

General Documentation
FY1993 Inpatient Hospital Discharge Database

Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

Lahey Clinic Hospital reported discrepancies in the areas of # Discharges, Type of Admission, Source of Admission, Month of Discharge, Age, Sex, Race, Payor, Disposition, Length of Stay, # Diagnosis Codes per Patient, # Procedure Codes per Patient, and DRGs. The hospital has provided the following corrections to its FY1993 verification report.

LAHEY CLINIC HOSPITAL		
Category	MRSC	Hospital
Number of Discharges	12,110	12,108
Type of Admission		
Invalid Code	2	0
Source of Admission		
Invalid Code	2	0
Month of Discharge		
Invalid Code	2	0
Age		
Invalid Code	2	0
Sex		
Invalid Code	2	0
Race		
Invalid Code	2	0
Payor		
Invalid Code	2	0
Disposition		
Invalid Code	2	0
Length of Stay		
Invalid Code	2	0
# Diagnosis Codes/Pt.		
None	2	0
# Procedure Codes/Pt.		
None	3,282	3,280
Discharges per DRG		
DRG 470	5	3

General Documentation
FY1993 Inpatient Hospital Discharge Database

Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

Ludlow Hospital Society reported discrepancies in the area of Ancillary Charges. The hospital has provided the following corrections to its FY1993 verification report.

LUDLOW HOSPITAL SOCIETY		
Category	MRSC	Hospital
ANCILLARY CHARGES		
Cardiac Cath.	24,792	0
Other	38,607	63,399

General Documentation
FY1993 Inpatient Hospital Discharge Database

Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

Marlborough Hospital reported discrepancies in the areas of Age, Payor, Accommodation Charges, Routine Days, and Ancillary Charges. The hospital has provided the following corrections to its FY1993 verification report.

MARLBOROUGH HOSPITAL		
Category	MRSC	Hospital
Age		
65-69 Years	322	347
70-74	347	322
Payor		
Self Pay	296	292
Other Government	0	1
Blue Cross	281	280
Accommodation Charges		
	8,908,830	8,908,831
Routine Days		
	20,646	20,653
Ancillary Charges		
Laboratory	2,366,942	2,366,469
Occupational Therapy	8,176	8,236
Emergency	999,829	999,400
Other	710	754

General Documentation
FY1993 Inpatient Hospital Discharge Database

Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

Mary Lane Hospital reported discrepancies in the areas of Type of Admission and Ancillary Charges. The hospital has provided the following corrections to its FY1993 verification report.

MARY LANE HOSPITAL		
Category	MRSC	Hospital
Accommodation Information		
Medical/Surgical Days		
Days	6,005	6,684
Charges	2,183,073	2,700,893
Obstetrics		
Days	0	863
Charges	0	314,346
Coronary Care Unit		
Days	1,542	0
Charges	832,166	0

General Documentation
FY1993 Inpatient Hospital Discharge Database

Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

Massachusetts Eye & Ear Infirmary reported discrepancies in the area of Number of Discharges. The hospital has provided the following corrections to its FY1993 verification report.

MASS. EYE & EAR INFIRMARY		
Category	MRSC	Hospital
Observation Patients	Hospital reported 68 Observation patients with procedure dates which precede the actual date of admission. Please be advised that although these patient records were rejected on an edit basis, the information is present on the database. Fiscal Year 1994 edits will account for an “Observation” Source of Admission.	

General Documentation
FY1993 Inpatient Hospital Discharge Database

Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

Massachusetts General Hospital reported discrepancies in the area of DRGs. The Hospital submitted a letter indicating that it would investigate the discrepancies and notify the Rate Setting Commission if the discrepancies were found to be material. No further communication was received.

General Documentation
FY1993 Inpatient Hospital Discharge Database

Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

Milford-Whitinsville Hospital reported discrepancies in the area of Accommodation Charges and Routine Days. The hospital has provided the following corrections to its FY1993 verification report.

MILFORD-WHITINSVILLE HOSPITAL		
Category	MRSC	Hospital
Accommodation Information	All hospital accommodation information is reported under Revenue Code 111 – Routine Medical / Surgical. Although other types of units (beds) were used, remaining system conversion difficulties precluded the proper breakout of this information.	

General Documentation
FY1993 Inpatient Hospital Discharge Database

Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

Milton Medical Center reported discrepancies in the area of age. The hospital has provided the following corrections to its FY1993 verification report.

MILTON MEDICAL CENTER		
Category	MRSC	Hospital
Age		
70-74	834	750
75-84	1,339	1,310
>=85	594	707

General Documentation
FY1993 Inpatient Hospital Discharge Database

Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

New England Deaconess Hospital reported discrepancies in the areas of Source of Admission, Age, and DRGs. The hospital has provided the following corrections to its FY1993 verification report.

NEW ENGLAND DEACONESS HOSPITAL		
Category	MRSC	Hospital
Source of Admission		
Clinic	2,769	2,768
Transfer – Acute Hospital	2,411	2,412
Age		
15-20 Years	215	214
21-44	2,654	2,652
45-64	4,226	4,225
65-69	1,521	1,520
70-74	1,461	1,460
75-84	1,719	1,720
>=85	391	396
Discharges per DRG		
DRG 5	104	103
24	12	13
106	237	236
107	336	335
112	860	857
120	105	104
127	171	172
144	60	59
148	119	117
154	56	55
174	46	45
182	166	165
191	63	62
197	59	58
209	60	59
217	37	36
238	0	1
278	15	14
304	26	25
320	47	46
410	199	198

General Documentation
FY1993 Inpatient Hospital Discharge Database

NEW ENGLAND DEACONESS HOSPITAL		
Category	MRSC	Hospital
Discharges per DRG		
415	26	27
468	123	122
531	45	46
532	12	11
543	95	96
544	35	34
546	123	125
550	247	252
552	78	79
555	50	51
556	15	16
558	44	46
561	15	14
563	9	10
567	24	25
569	23	24
577	22	23
585	71	74
702	15	16
705	54	57
708	108	106
711	10	9

General Documentation
FY1993 Inpatient Hospital Discharge Database

Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

New England Medical Center reported discrepancies in the areas of Number of Discharges and Disposition. The hospital has provided the following corrections to its FY1993 verification report.

NEW ENGLAND MEDICAL CENTER		
Category	MRSC	Hospital
Number of Discharges	21,581	21,663
Disposition		
Home	18,035	18,090
Acute Care	2	543
Home Health	1,568	1,573
Against Advice	172	177
Died	449	455
Chronic Rehab	0	519
Other	1,120	71

General Documentation
FY1993 Inpatient Hospital Discharge Database

Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

The Trustees of Noble Hospital, Inc. reported discrepancies in the areas of Accommodation Charges, Routine Days, Special Care Days, Ancillary Charges, and DRGs. The hospital has provided the following corrections to its FY1993 verification report.

THE TRUSTEES OF NOBLE HOSPITAL, INC.		
Category	MRSC	Hospital
Payor		
Self Pay	166	167
Medicare	1,584	1,851
Medicaid	327	328
Blue Cross	104	103
Commercial	288	285
HMO	229	228
Other	34	40
Total Days		
	25,450	25,405
Accommodation Charges		
Medical/Surgical	7,361,837	7,361,451
Pediatrics	35,356	35,343
Psychiatric	3,138,391	3,138,399
Ancillary Charges		
Total Charges	12,533,756	12,521,203
Discharges per DRG		
DRG 14	66	68
65	4	3
79	20	16
88	36	35
89	107	111
90	20	21
97	19	20
100	1	2
131	7	8
141	12	13
145	0	1
159	3	2
160	2	3
172	7	6
174	22	20
175	20	22

General Documentation
FY1993 Inpatient Hospital Discharge Database

THE TRUSTEES OF NOBLE HOSPITAL, INC.		
Category	MRSC	Hospital
Discharges per DRG		
DRG 197	21	20
198	36	37
203	8	9
210	23	22
211	16	17
254	10	11
256	4	3
278	7	8
296	48	44
297	16	19
321	13	14
323	6	5
324	5	6
336	13	12
348	1	2
415	3	2
416	20	19
532	6	5
540	10	9
543	11	9
563	4	5
582	4	5
584	6	5

General Documentation
FY1993 Inpatient Hospital Discharge Database

Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

Providence Hospital reported discrepancies in the area of Age. The hospital has provided the following corrections to its FY1993 verification report.

PROVIDENCE HOSPITAL		
Category	MRSC	Hospital
Age		
65-69 Years	368	269
70-74	269	368

General Documentation
FY1993 Inpatient Hospital Discharge Database

Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

Quincy Hospital reported discrepancies in the areas of DRGs and MDCs. The hospital has provided the following corrections to its FY1993 verification report.

QUINCY HOSPITAL		
Category	MRSC	Hospital
Accommodation Information		
Medical/Surgical (Routine)		
Days	54,392	54,404
Charges	30,208,222	30,205,247
Obstetrics		
Days	2,628	2,633
Newborn		
Days	2,854	2,858
Medical/Surgical (Special Care)		
Days	3,221	3,231
Ancillary Information		
Pharmacy		
Discharges	10,262	10,351
Charges	3,428,994	3,429,174
IV Therapy		
Discharges	6,055	6,062
Charges	638,135	637,597
Med/Surg Supplies		
Discharges	8,009	8,039
Charges	5,630,640	5,631,423
Laboratory		
Discharges	7,153	9,523
Charges	3,958,231	3,956,234
Therapeutic Radiology		
Discharges	920	940
Charges	472,873	473,694
CAT Scanner		
Discharges	1,587	1,800
Charges	1,180,469	1,180,553
Surgical Service		
Discharges	3,221	3,231
Charges	2,608,805	2,613,120
Anesthesiology		
Discharges	2,493	2,500
Charges	2,348,413	2,350,073
Blood Storage		
Discharges	834	1,417
Charges	955,757	956,587
Respiratory Therapy		
Discharges	2,775	2,803
Charges	582,500	581,671

General Documentation
FY1993 Inpatient Hospital Discharge Database

QUINCY HOSPITAL		
Category	MRSC	Hospital
Ancillary Information – Cont'd		
Physical Therapy		
Discharges	1,904	2,010
Charges	1,370,971	1,371,447
Occupational Therapy		
Discharges	524	551
Charges	200,979	200,891
Speech Therapy		
Discharges	114	119
Charges	39,301	39,273
Emergency Room		
Discharges	5,388	5,442
Charges	1,016,795	1,015,592
Cardiac Catheterization		
Discharges	362	366
Charges	59,259	59,169
Recovery Room		
Discharges	1,828	1,829
Charges	1,251,024	1,250,272
Labor and Delivery		
Discharges	1,804	1,812
Charges	1,984,593	1,984,603
EKG		
Discharges	5,788	6,273
Charges	755,019	753,211
EEG		
Discharges	400	402
Charges	148,217	147,897
Renal Dialysis		
Charges	319,605	318,860
Psychology/Psychiatry		
Discharges	9	11
Charges	6,025	6,550
Other		
Discharges	1,239	2,069
Charges	971,044	978,450
TOTAL CHARGES	75,259,055	75,264,155

General Documentation
FY1993 Inpatient Hospital Discharge Database

Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

Salem Hospital reported discrepancies in the areas of Number of Discharges, Type of Admission, Source of Admission, Month of Discharge, Age, Sex, Race, Payor, Disposition, and Length of Stay. The hospital has provided the following statement and corrections to its FY1993 verification report.

FY93 Massachusetts Rate Setting Commission data for Salem Hospital is accurate for the 17,079 discharges submitted on quarterly case mix tapes. There are 7 discharges missing, however, which were not sent on the quarterly case mix tapes due to incomplete data. Corrected statistics for Type of Admission, Source of Admission, Month of Discharge, Age, Sex, Race, Payor, Disposition, and Length of Stay are attached. Corrected data could not be submitted for case mix and charge data for those patients because they are incomplete.

SALEM HOSPITAL		
Category	MRSC	Hospital
Number of Discharges	17,079	17,086
Type of Admission		
Emergency	7,156	7,159
Urgent	5,403	5,406
Newborn	2,086	2,087
Source of Admission		
Clinic Referral	625	626
HMO Referral	111	112
Transfer – Acute Hospital	294	295
Emergency	7,157	7,160
Newborn	2,086	2,087
Month of Discharge		
May	1,511	1,512
June	1,337	1,338
July	1,427	1,428
August	1,358	1,359
September	1,383	1,384
Age		
Newborn	2,086	2,087
1-14	1,716	1,717
21-44	4,794	4,796
45-64	2,409	2,411
70-74	1,259	1,260

General Documentation
FY1993 Inpatient Hospital Discharge Database

SALEM HOSPITAL		
Category	MRSC	Hospital
Sex		
Male	7,072	7,076
Female	10,007	10,010
Race		
White	14,577	14,582
Unknown	490	491
Asian	225	226
Payor		
Medicare	5,416	5,417
Medicaid	2,920	2,921
HMO	5,157	5,161
Free Care	352	353
Total Days	86,498	86,506
Length of Stay		
Same Day Discharge	403	407
1 Day	2,381	2,381
2 Days	4,099	4,101
3 Days	2,244	2,245
4 Days	1,962	1,961
Disposition		
Home	12,306	12,311
Acute Care	451	452
Chronic Rehab	1,031	1,032

General Documentation
FY1993 Inpatient Hospital Discharge Database

Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

St. Anne's Hospital reported discrepancies in the area of Accommodation Charges, Routine Days, and Special Care Days. The hospital has provided the following statement and corrections to its FY1993 verification report.

During the editing process of RSC informational Packets last November, RSC analyst Paul Eisenstat recommended that St. Anne's split out Special Care Days and charges from Medical/Surgical. This was done in November (fiscal year 1994). Since the final quarterly tape for FY1993 had not been run, the programming change affected the last quarter, July 1st, 1993 through September 30, 1993.

Accordingly, the Accommodation Charge information on page 6 of the verification package details the special care days and charges for only 3 months. Therefore, it is appropriate to reclass them back into Medical/Surgical for 1993.

ST. ANNE'S HOSPITAL		
Category	MRSC	Hospital
Accommodation Information		
Medical/Surgical (Routine)		
Days	37,290	37,770
Charges	14,093,579	14,489,835
Medical/Surgical (Special Care)		
Days	488	0
Charges	396,256	0

General Documentation
FY1993 Inpatient Hospital Discharge Database

Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

Tobey Hospital reported discrepancies in the area of Age. The hospital has provided the following corrections to its FY1993 verification report.

TOBEY HOSPITAL		
Category	MRSC	Hospital
Age		
65-69 Years	238	310
70-74	310	238

General Documentation
FY1993 Inpatient Hospital Discharge Database

Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

University of Massachusetts Medical Center reported discrepancies in the areas of Accommodation Charges and Routine Days. The hospital has provided the following corrections to its FY1993 verification report.

UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER		
Category	MRSC	Hospital
Accommodation Information		
Medical/Surgical		
Days	77,260	71,477
Charges	41,289,210	38,209,864
Pediatrics		
Days	5,211	10,607
Charges	2,688,677	5,318,873

General Documentation
FY1993 Inpatient Hospital Discharge Database

Part 3 – Hospital Responses

3. Hospital Specific Data Discrepancies and Correction Responses

Winchester Hospital reported discrepancies in the areas of Accommodation Charges, Routine Days, and Special Care Days. The hospital has provided the following corrections to its FY1993 verification report.

WINCHESTER HOSPITAL		
Category	MRSC	Hospital
Accommodation Information		
Newborn		
Days	7,717	4,877
Charges	3,870,351	1,805,815
Neo-Natal ICU		
Days	0	2,838
Charges	0	2,063,425

General Documentation
FY1993 Inpatient Hospital Discharge Database

PART 4 – UNACCEPTABLE DATA FILE

General Documentation
FY1993 Inpatient Hospital Discharge Database

Part 4 – Unacceptable Data File

This file contains hospitals who have submitted less than four quarters of acceptable data.

Three hospitals failed to submit all four quarters of data which meet the requirements of Regulation 114.1 CMR 17.00. They are:

AMESBURY HOSPITAL

Hospital closed May, 1993 and did not submit data.

HUBBARD REGIONAL HOSPITAL

Hospital is experiencing system difficulties but did submit two quarters of unverified data.

ST. MARGARET'S HOSPITAL

Hospital closed April, 1993 but did submit two quarters of unverified data.

PART 5 – ATTACHMENTS

Attachment I – Response Sheet

Attachment II – Type A & Type B Errors

Attachment III – Content of Verification Report Package

Attachment IV – Profile: Hospital, DPH #, Total Discharges

Attachment V – Summary: Mergers, Name Changes & Closures

General Documentation
FY1993 Inpatient Hospital Discharge Database

MASSACHUSETTS RATE SETTING COMMISSION
FY'93 YEAR END CASE MIX VERIFICATION REPORT RESPONSE FORM

HOSPITAL NAME

General Instructions:

After fully reviewing your hospital's FY1993 Year End Verification Report, please complete the appropriate response below. Please respond by **Day, Month X, 1994**. Your hospital may submit additional comments to the Commission if it so desires.

<<< RESPONSE A >>>

I, _____ with authority specifically vested in me by the governing body,
(Please print full name)
hereby certify that I have examined and verified the data contained in the MRSC's FY '93 Merged Case Mix and Charge Data year End Verification Report and that to the best of my knowledge and belief, the data is accurate and complete. This certification is signed under the pains and penalties of perjury.

<<< RESPONSE B >>>

I, _____ with authority specifically vested in me by the governing body,
(Please print full name)
hereby certify that I have examined and verified the data contained in the MRSC's FY '93 Merged Case Mix and Charge Data year End Verification Report and that to the best of my knowledge and belief, the data is accurate and complete, except for the discrepancies found in the following categories.

# of Discharges	Payor	# Procedure Codes/Patient
Type of Admission	Disposition	Accommodation Charges
Source of Admission	Length of Stay	Routine Days
Month of Discharge	Average LOS	Special Care Days
Age	LOA Patients	Ancillary Charges
Sex	LOA Days	DRGs
Race	# Diagnosis Codes/Patient	MDCs

I have attached corrected data and specific information as to why these data differ from the original data submitted to the MRSC by the hospital on its quarterly case mix tapes. This declaration is based upon all information of which I have knowledge. This certification is signed under the pains and penalties of perjury.

SIGNATURE: _____
TITLE: _____
DATE: _____

If the Commission has any questions regarding the hospital's response, it should contact
M. _____ at ()-____-____.
(Name) (Telephone #)

Return to: Mr. Paul Henry, Data Analyst
The Massachusetts Rate Setting Commission
Two Boylston Street
Boston, MA 02116

General Documentation
FY1993 Inpatient Hospital Discharge Database

Attachment II – TYPE A & TYPE B ERRORS

TYPE 'A' ERRORS

Record Type
Submitter ID Number
Receiver ID
DPH Hospital Computer Number
Type of Batch
Period Starting Date
Period Ending Date
Medical Record Number
Patient Sex
Patient Birthdate
Patient Over 100 Years Old
Admission Date
Discharge Date
Patient Status
Billing Number
Claim Certificate Number
Source of Payment
Revenue Code
Units of Service
Total Charges (by Revenue Code)
Principal Diagnosis Code
Associate Diagnosis Code (I-IV)
Principal Procedure Code
Significant Procedure Codes (I-II)
Number of ANDs
Physical Record Count
Record Type 2x Count
Record Type 3x Count
Record Type 4x Count
Record Type 5x Count
Total Charges Special Services
Total Charges Routine Services
Total Charges Accommodations
Total Charges Ancillaries
Total Charges (All Charges)
Number of Discharges
Submitter Employer Identification Number (EIN)
Number of Providers on Tape
Count of Batches
Batch Counts (11, 22, 33, 99)

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Attachment II – TYPE A & TYPE B ERRORS - Continued

TYPE B ERRORS

Patient Race

Type of Admission

Source of Admission

Patient Zip Code

Attending Physician Number

Operating Physician Number

Date of Principal Procedure

Date of Significant Procedures

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Attachment III

Contents of Hospital Verification Report Package

- Seven Page Frequency Distribution Report containing the following data elements:

- Total Number of Discharges
- Type of Admission
- Source of Admission
- Month of Discharge
- Age
- Sex
- Race
- Payor
- Leave of Absence Patients
- Leave of Absence Days
- Total Days
- Length of Stay
- Average Length of Stay
- Disposition Status
- Number of Diagnosis Codes Used per Patient
- Number of Procedure Codes Used per Patient
- Accommodation Charge Information
- Ancillary Charge Information

- Complete Listing of Discharges per DRG

- Top 20 DRGs in Rank Order

- Major Diagnostic Categories (MDCs) in Rank Order

- Response Sheets A & B: Completed by hospitals and returned to the Rate Setting Commission

NOTE: The hospital's profile of cases, grouped by AP-DRG 8.1, is part of the verification report. It is this grouped profile on which the hospitals commented. The Commission urged hospitals to use the All-Patient-DRG Grouper, Version 8.1 with the same system specifications as used by the MRSC.

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Attachment IV – Hospital Profile:
Massachusetts Department of Public Health Computer Number (MDPH #)

Hospital Name
Fiscal Year Beginning Date

DPH Facility Number	Hospital Name	Fiscal Year	
		10/1-9/30	7/1 – 6/30
2202	Adcare Hospital	X	
2016	Addison Gilbert Hospital	X	
2078	Amesbury Health Center		X
2006	Anna Jaques Hospital	X	
2226	Athol Memorial Hospital	X	
2073	Atlanticare Medical Center	X	
2339	Baystate Medical Center	X	
2313	Berkshire Medical Center	X	
2069	Beth Israel Hospital	X	
2007	Beverly Hospital Corporation	X	
2307	Boston City Hospital	X	
2084	Boston University Med. Ctr.	X	
2921	Brigham & Women's Hospital	X	
2118	Brockton Hospital	X	
2108	Cambridge Hospital		X
2135	Cape Cod Hospital	X	
2003	Carney Hospital	X	
2034	Central New England Health System, Inc. Burbank Hospital Leominster Hospital	X	
2127			
2337	Charlton Memorial Hospital	X	
2139	Children's Medical Center	X	
2126	Clinton Hospital	X	
2155	Cooley Dickinson Hospital	X	
2335	Dana Farber Cancer Institute	X	
2018	Emerson Hospital	X	
2052	Fairview Hospital	X	
2289	Falmouth Hospital	X	
2048	Faulkner Hospital Corporation	X	
2120	Franklin Medical Center	X	
2054	Glover Memorial Hospital		X
2311	Good Samaritan Medical Center Cushing Campus Goddard Campus	X	
2101			
2091	Hahnemann of Brighton	X	
2131	Hale Hospital		X
2143	Harrington Memorial Hospital	X	
2119	Heritage Hospital	X	
2036	Heywood Hospital	X	
2231	Hillcrest Hospital, Inc.	X	

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FY1993 Inpatient Hospital Discharge Database

Attachment IV – Hospital Profile:
Massachusetts Department of Public Health Computer Number (MDPH #)

Hospital Name
Fiscal Year Beginning Date

DPH Facility Number	Hospital Name	Fiscal Year	
		10/1-9/30	7/1 – 6/30
2225	Holy Family Hospital	X	
2145	Holyoke Hospital	X	
2157	Hubbard Regional Hospital	X	
2082	Jordan Hospital	X	
2033	Lahey Clinic Hospital, Inc.	X	
2099	Lawrence General Hospital	X	
2038	Lawrence Memorial of Medford	X	
2040	Lowell General Hospital	X	
2160	Ludlow Hospital Society	X	
2041	Malden Hospital	X	
2103	Marlborough Hospital	X	
2042	Martha's Vineyard Hospital	X	
2148	Mary Lane Hospital	X	
2167	Mass. Eye & Ear Infirmary	X	
2168	Mass. General Hospital	X	
2077	Medical Center of Central Mass.	X	
2058	Melrose-Wakefield Hospital	X	
2149	Mercy Hospital	X	
2020	MetroWest Medical Center	X	
2105	Milford-Whitinsville Regional	X	
2227	Milton Medical Center	X	
2022	Morton Hospital	X	
2071	Mt. Auburn Hospital	X	
2044	Nantucket Cottage Hospital	X	
2298	Nashoba Community Hospital	X	
2114	Neponset Valley Health System:	X	
2856	Norwood Hospital	X	
	Southwood Hospital		
2059	N. E. Baptist Hospital	X	
2092	N. E. Deaconess Hospital	X	
2299	N.E. Medical Center Hospital	X	
2060	N. E. Memorial Hospital	X	
2075	Newton-Wellesley Hospital	X	
2076	Noble Hospital	X	
2061	North Adams Regional Hospital	X	
2150	Providence Hospital	X	
2151	Quincy Hospital	X	
2029	Saints Memorial Medical Center, Inc.	X	
2063	St. John's & St. Joseph's	X	

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Attachment IV – Hospital Profile:
Massachusetts Department of Public Health Computer Number (MDPH #)

Hospital Name
Fiscal Year Beginning Date

DPH Facility Number	Hospital Name	Fiscal Year	
		10/1-9/30	7/1 – 6/30
2014	Salem Hospital	X	
2001	Somerville Hospital	X	
2107	South Shore Hospital, Inc.	X	
2011	St. Anne's Hospital	X	
2085	St. Elizabeth's Medical Center	X	
2010	St. Luke's of New Bedford	X	
2065	St. Margaret's Hospital	X	
2100	Sturdy Memorial Hospital	X	
2089	Symmes Hospital, Inc.	X	
2128	The Saint Vincent Hospital, Inc.	X	
2106	Tobey Hospital	X	
2171	Transitional Hospitals Corporation (JB Thomas)		X
2841	UMass. Med. Center	X	
2067	Waltham/Weston	X	
2046	Whidden Memorial Hospital	X	
2094	Winchester Hospital	X	
2181	Wing Memorial Hospital Corp.	X	
2013	Winthrop Hospital, Inc.	X	

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ATTACHMENT V – SUMMARY: MERGERS, NAME CHANGES & CLOSURES

MERGERS			
DPH #	Original Entities	New Corporation	Effective Date
2900 2170 2062	Boston Hospital for Women Peter Bent Brigham Robert Breck Brigham	Brigham & Women's Hospital	Early 1980's
2110 2077 2124	Holden District Hospital Worcester Hahnemann Hospital Worcester Memorial Hospital	Medical Center of Central Massachusetts	1990
2039 2020	Leonard Morse Hospital – Natick Framingham Union Hospital	MetroWest Medical Center	January 1992
2029 2063	St. John's Hospital St. Joseph's Hospital	Saints Memorial Medical Center	October 1, 1993
2034 2127	Burbank Hospital – Fitchburg Leominster Hospital	Central New England Health System, Inc,	1993
2311 2101	Cardinal Cushing – Brockton Goddard Memorial – Stoughton	Good Samaritan Medical Center	October, 1993
2114 2856	Norwood Community Hospital Southwood Hospital	Neponset Valley Health System	1992
2014 2113	Salem Hospital North Shore Children's Hospital	North Shore Medical Center	1990

NAME CHANGES (does not include mergers)	
Original Name	New Name
Bon Secours Hospital	Holy Family Hospital & Medical Center
Central Hospital	Heritage Hospital
Lynn Hospital	AtlantiCare
Doctor's Hospital	AdCare
Quincy City Hospital	Quincy Hospital

CLOSURES	
Amesbury Hospital	
Brookline Hospital	
Fairlawn Hospital	
Farren Memorial Hospital	
HCHP Hospital	
Hunt Memorial Hospital	
Mary Alley Hospital	
Massachusetts Osteopathic Hospital	Formerly Huntington General
Parkwood Hospital	
Sancta Maria Hospital	
St. Luke's Hospital in Middleborough	
St. Margaret's Hospital for Women	
Worcester City Hospital	

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ADDENDUM

SUMMARY: 1994 DATA BASE CHANGES

OVERVIEW:

On July 30, 1993 the Massachusetts Rate Setting Commission adopted amendments to 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data. These changes will be phased in between January 1, 1994 and September 30, 1994. They will make their first appearance in the 1994 FIPA database.

Updating the case mix regulation consisted of an extensive, iterative consultative process over the last few years which included numerous discussions with and the recommendations of hospitals, state agencies such as the Department of Public Health, quasi-public and private agencies such as the Massachusetts Hospital Association and the Massachusetts Health Data Consortium, interested parties such as the Massachusetts Medical Society, and experts. The new data elements and the expanded data elements are the result of these many discussions.

New Data Elements

- Unique Health Identification Number (UHIN)
The patient's social security number will be encrypted into a Unique Health Identification Number (UHIN) and the social security number will never be considered a case mix data element. Only the UHIN will be considered a data base element and only this encrypted number will be used by the Commission.

PLEASE NOTE: There are stringent processes regarding the release of data and protection of patient identifiable data elements. The Regulation 114.5 CMR 2.04(3) governs the Disclosure of Hospital Case Mix and Charge Data.

- Birth Weight in Grams
This data element is required for accurate DRG assignment.
- E-Codes
This dedicated field is consistent with the UB-92 coding.
- Unique Physician Number (UPN)
The attending and operating physician license numbers will be encrypted into a unique physician number (UPN) at the Commission and only the encrypted form will be used by the Commission or available on public use tapes.

Expanded Data Elements

- Payor Codes
Payor information has been expanded to include payor type and payor source. Similar to the original payor categories, payor type is the general category such as Worker's Compensation or HMO. Payor source is a more detailed data element and refers to specific health coverage plans such as Harvard Community Health Plan or CHAMPUS. The purpose of this design is to improve the quality of information provided by this data element allowing more precise payor definition.

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ADDENDUM

SUMMARY: 1994 DATA BASE CHANGES

Expanded Data Elements - Continued

- **Source of Admission**
Three new admission source codes have been added: Ambulatory Surgery, Observation, and Extramural Birth (for Newborns). These changes have been made to stay current with the changing trends in the hospital environment.
- **Patient Disposition**
Four new discharge/transfer categories have been added: Discharged/Transferred to: another type of institution for inpatient care or referred for outpatient services to another institution; home under care of a Home IV Drug Therapy Provider; rehab hospital; and rest home.
- **Accommodation and Ancillary Revenue Codes**
These codes have been expanded to be congruent with the current UB-92 Revenue Codes.

Other Changes

- **Filing Timelines**
RSC changed the tape submission timeline from 120 days after the close of the quarter to 75 days. The current timeline was originally adopted during the start-up of the case mix discharge database. The 120-day timeline did not meet either the public's need or the hospital's need for timely information in an increasingly competitive hospital marketplace. Please refer to Attachment VI, "Data Standards Transition Table", for the transition from a 120 day to 75 day submission.
- **Revenue Codes**
Codes were expanded and reviewed for consistency with the UB-92.

An Administrative Bulletin was sent to all hospitals which addressed technical and implementation issues for the submission of case mix tapes. Please refer to the following pages for an outline of the Bulletin contents and attachments, a copy of the "Data Standards and Transition Table", and a copy of "Conditions for Rejecting Patient Discharge".

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ADMINISTRATIVE BULLETIN 93-01
114.1 CMR 17:00: Requirement for the
Submission of Hospital Case Mix and Charge Data

OUTLINE OF CONTENTS AND ATTACHMENTS

Contents

- General Provisions
- Data Quality Standards
 - Conditions for Case Mix Tape Rejection
 - Data Standards Transition Plan
 - Definitions of Error Categories
- Data Code Tables
 - List of Payor Code Sources
 - List of Chronic and Rehabilitation Facilities, and Rest Home Facilities
- Case Mix Tape Submission Dates
- Test Tape Information
- Birth Weight Option
- Record Adjustment for 30 & 40 Records Layout Format Consistency

Attachments

Attachment 1	List of Rest Home Facilities
Attachment 2	List of Rehabilitation and Chronic Facilities
Attachment 3	Alphabetical Source of Payment List
Attachment 4	Numerical Source of Payment List
Attachment 5	Alphabetical Payor Type List: Source of Payment Alphabetically Listed
Attachment 6	Alphabetical Payor Type List Source of Payment Numerically Listed
Attachment 7	Data Standards Transition Table
Attachment 8	Conditions for Rejecting a Patient Discharge

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ADMINISTRATIVE BULLETIN 93-01
DATA STANDARDS TRANSITION TABLE

BEGINNING JANUARY 1, 1994

	January - March	April - June	July...
Existing Data Elements			
All Data Elements Except:	Original A or B Error	Original A or B Error	Original A or B Error
Veteran's Status	B Error	B Error	B Error
Expanded Data Elements			
Primary Payor Type	A Error	A Error	A Error
Secondary Payor Type	C Error	B.1 Error	A Error
Patient Disposition	A Error	A Error	A Error
Admission Source	B Error	B Error	B Error
New Data Elements			
All New Data Elements	C Error	B.1 Error	Reverts to New A or B Error
Primary Source of Payment	C Error	B.1 Error	A Error
Patient Social Security Number	C Error	B.1 Error	B Error
Birth Weight-Grams	C Error	B.1 Error	B Error
Secondary Source of Payment	C Error	B.1 Error	B Error
External Cause of Injury Code	C Error	B.1 Error	B Error
Attending Physician License Number (Board of Registration in Medicine Number)	C Error	B.1 Error	B Error
Physician License Number (Board of Registration in Medicine Number)	C Error	B.1 Error	B Error
Submission Dates	July 31, 1994 120 Days	October 31, 1994 120 Days	December 1, 1994 90 Days

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ADMINISTRATIVE BULLETIN 93-01

Conditions for Rejecting a Patient Discharge
Beginning January 1, 1994

January - March	April - June	July...
<p>Presence of one or more error flags for Category A elements</p> <p>Presence of two or more error flags for Category B elements</p> <p>Note: Presence of error flags for Category C elements will not be counted toward the one percent error rate.</p>	<p>Presence of one or more error flags for category A elements</p> <p>Presence of two or more error flags for Category B elements</p> <p>Presence of one error flag for Category B elements plus presence of two or more error flags for Category B.1 elements</p> <p>Presence of three or more error flags for Category B.1 elements</p> <p>Note: Category C errors are no longer in effect for new data elements.</p>	<p>Presence of one or more error flags for Category A elements</p> <p>Presence of two or more error flags for Category B elements</p> <p>Note: Category B.1 errors are no longer in effect.</p>